Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Clinical Engagement Group
9th February 2016
Orsett Hall

Present:	Dr L Grewal	Chair, Chafford hundred Medical Centre
	Dr A Deshpande	Neera Medical Centre
	Dr Arhin	Aveley Medical Centre
	Dr R Mohile	Chadwell Medical Centre
	Dr Basu	Balfour Medical Centre
	Dr Leighton	Aveley Medical Centre
	Dr Bhat	Sai Medical Centre
	Dr Jayakumar	Pear Tree Surgery
	Dr Obabori	The Shahadeh Medical Centre
	Dr Venkatakrishnan	Chafford Hundred Medical Centre
	Dr Yadava	East Thurrock Road Medical Centre
	Dr Kallil	The Surgery, Orsett
	Dr Pattara	The Surgery, Horndon on The Hill
	Dr N Raj	Purfleet Care Centre
	Dr Raja	The Surgery, Horndon on The Hill
	Dr Ramachandran	Appledore Surgery
	Dr Sharma	Neera Medical Centre
	Dr K Singh	Purfleet Care Centre
	Dr Varghese	Pear Tree Surgery
	Dr Abeyewardene	Dell Medical Centre
	Dr Ajayi	St Clements Health Centre
	Dr Bellworthy	Sancta Maria Medical Centre
	Dr Cheung	Ash Tree Surgery
	Dr Gurjar	Neera Medical Centre
	Dr Okoi	Derry Court Medical Centre
	Dr L Joseph	The Grays Surgery
	Dr Kadim	Prime Care Medical Centre

	Dr M Roy	Southend Road Surgery
	Dr Sosanya	St Clements Health Centre
	Dr Yasin	The Health Centre, South Ockendon
	Dr Wendoff	Dell Medical Centre
	Dr N Jagadish	Sai Medical Centre
	Dr Chandran	Stifford Clays Medical Centre
	Dr Meral Al-Ameer	East Thurrock Road Medical Centre
	Dr Rashmi Yadava	East Thurrock Road Medical Centre
	Claire Webber	Pear Tree Surgery
	Davinder Masson	Milton Road Surgery
	Russell Vine	Hassengate Medical Centre
	June Mason	The Health Centre, South Ockendon
	Nadia Hawley	Acus
	Sharon Hogalth	College Health Ltd
	Mrs Ramachandran	Appledore Surgery
	Miss Rozeetha Ramachandran	Medic House
	Steve McKenna	Neera Medical Centre
	Susan Pavlina	The Dilip Sabnis Medical Centre
	Sam Marlton	The Grays Surgery
	Sharron Carter	Primecare Medical Centre
	Elaine Robinson	Aveley Medical Centre
	Vicky Cook	NELFT
	Leanne Edgell	Thurrock Mind
	Emma Walsh	St Clemens
	Helen Horrocks	Thurrock Council Public Health
	M. Mitchell	NELFT
	Andrea Valentine	Healthwatch
	Kate Woolterton	BTUH
	Marilyn Spires	ETRMC
	Kim James	Healthwatch
	Danny Hames	Inclusion IAPT

	Kieran Doherty	Inclusion IAPT
	Barbara Asiamah	Derry Court Medical Practice
In Attendance:	Kelly Redston	Thurrock CCG
	Lesley Buckland	Thurrock CCG
	Judith Harding	Thurrock CCG
	Matt Evans	Thurrock CCG
	Ria Walsh	Thurrock CCG
	Urszula Pucilowska	Thurrock CCG
Apologies	Michelle Stapleton	BTUH

1.	**Welcome, apologies and declaration of interest**
	Dr L Grewal (LG) welcomed all to the meeting. Apologies were noted above. No declarations of interest were shared other than those already on the register.
2.	**Minutes of the meeting held on 12th January 2016 and Action Log**
	The minutes of the previous meeting held on 12th January 2016 were reviewed and agreed as an accurate account.
3.	**BTUH update**
	Ms K Woolterton introduced herself to the members and presented the BTUH update. KW stated that key Trust objectives are communication and liaison with GPs. It will be beneficial to build a trust based relationship with the community and with Primary Care Team at Thurrock CCG. An Action Plan was presented by KW and included expertise and economy of scale; investigate communication and IT systems; maintain initial engagement based on regular communication and review GP Liaison service. As part of the medium and long term action log BTUH will offer improved continuity of care by: • Initiate communication between GPs, hospital and community; • Integrate Social Care; • Facilitate hospital discharge and prevent re-admission; • Share clinical protocols and clinical pathways; • Improve IT/ systems to access patient record. Collaborative working models will be based on local GP federations and provider organisations; the Trust experience of tendering and infrastructure; appropriate partnership model/s and potential for joint organisation to take on large contracts. All concerns and comments are requested to be forward to the Thurrock CCG practice concern email address. GP practices' communication with BTUH will be supported quarterly by a newsletter. The CCGs will email the newsletter to every GP and practice manager on BTUH's behalf, as they have up to date distribution lists. It was noted that this would start in January 2016. A GP Helpline has been set up with the following details: • 3 **dedicated switchboard lines** for GP use 01268 287888, 01268 523232, 01268 288176. • **The GP Helpline** open 9.00am – 5.00pm; Monday – Friday; Telephone: 01268

524900 ext. 3240, Safe Haven fax: 01268 593601; email address: GPHelpline@btuh.nhs.uk.

- Details of what the Helpline can help with are on the GP area of the BTUH website.

New referral forms
PDF formats which present no audit trail will be replaced by a Word version, suitable for making into templates for SystmOne/EMIS. These will be available in Spring 2016. BTUH are investigating a safer option than faxing, and hope to have an email referral system launched later.

Discharge letters
With regards to a suggestion by a "GP "action" BTUH have set up a working party within Trauma & Orthopaedics team who will trial in Spring 2016.Currently BTUH are working to resolve t A&E discharge letters

It was agreed that the policy had to be review concerning consultant to consultant referrals

A question was asked about emergency referrals which according to recent waiting times could take up to five months. LG responded that the procedure has to be reviewed.

It was also suggested that BTUH and the Thurrock GPs work together to reduce the workload, for example DNA patients etc.

4. Community Adult Dietetic Service New Referral Criteria

Victoria Cook (VC) introduced herself to the group and highlighted the changes within the Community Dietetic service. Please also refer to the briefing on this topic sent by the CCG on 10th February along with the referral form for the service.

Referral guidance included the following criteria groups: nutritional support; Gastroenterological problems; pre diabetes/high risk of diabetes; oncology and palliative. There are the following restrictions to the service:

1. Patients refusing to eat or drink in the absence of any recorded weight loss or pressure areas (should be managed by First Line approach);
2. Patients discharged from acute service on supplements where there is no clinical indication for ONS or who do not meet the referral criteria to the dietetic service (should have their duty of care completed within the acute provision);
3. Home visits will be limited to those who are unable to attend a community clinic or where travel may be detrimental to their health.

VC advised where and how to refer patients with specific conditions:
Where:

1. **Eating Disorders**: Please refer to SEPT Eating disorders service 01268 243538.
2. **Diabetes**: Please refer to the Diabetes Centre on 0300 300 1509.
3. **Obesity**: Please refer to ACE on 0800 022 4524 for BBW patients or Vitality on 01708 805093 for Thurrock patients.
4. **South East Essex**: The service is only currently funded for nutrition support patients in their own home or who can attend clinic. There are no current resources to provide a home visiting service to patients in nursing and care homes in the South East Essex area.

How to refer:

- Electronically via SystmOne (second 'burger' symbol on PCT referral box!! "Dietetics and Nutrition service");
- Written referrals to email nem-tr.bbtdietetics@nhs.net
- 'paper' via post to Billericay Health Centre or fax 0300 300 1602 (following Caldecott principles);
- Via SPA (may cause delay).

The group were informed about new referral criteria and discussed implications for current patients, including inappropriate referrals under new criteria. It was noted that the service will no longer will be provided for:

1. Telephone/'face to face' review where clinically relevant – new service options provided in verbal and written form.
2. Discharge letter with change of service provision where relevant – copied or tasked to GP.
3. Formal handover to other professional where concerns regarding patient management occur.

The group were informed that inappropriate referrals are under new criteria would be addressed as follows:

1. Referral returned to referrer with guidance for alternative service provision, if known.
2. Written information to referrer where relevant i.e. hyperlipidaemia advice.
3. Discussion with dietetic colleagues where criteria not met, to ensure patients receive service provision elsewhere.

LG requested further information on Community Dietetic Service

VC added that newly diagnosed Coeliac Disease/ Annual Review – within Acute provision will be available. VC informed that the aim is to advise patients at risk of malnutrition on a food first approach instead of supplement drinks. Kim James from Healthwatch stated that it should remain the choice of the patient as severe conditions will not allow some patients to prepare their own meals.

LG asked if this means that patients will be refused by Community Services. VC responded that there is not clarity available where the patients have to be referred and what support has to be provided. Nutritional assessment for individuals presenting with rapidly progressing neurological disease MUST score 1 or more. There are plans to discharge patients if their clinical conditions are stable. Further advice still will be provided, monitored and reviewed on regular basis.

5. IAPT

LG introduced Dr R Mohile (RM) to the group to share an update regarding IAPT and the new Mental Health service in Thurrock.

It was noted that the current service does not meet the need of the community. RM thanked the CCG managers for their input in the decision regarding the new treatment programme and introduced Inclusion representatives from South Staffordshire and Shropshire Healthcare Foundation Trust to the group.

It was noted that this service will start on the 1st April 2016
The group were informed that specialist services delivered by Inclusion are: learning difficulties, forensics, specialist family work and inclusion. Silver Cloud will be used for CBT electronic assessment. If patients require any assistance, support group will be delivered.

The Inclusion (IAPT) offer to provide:

- LTC Individual training for GP practices if required;
- Performance reports and effective care pathways;
- Evidence based reports and compliance on NICE guidance and time frame related;
- Recover College will support people to self-manage;
- Weekly intake meetings to redirect patients between primary and secondary care without having to go back via GP;
- Adverse incident reporting process.

LG thanked RM for his leadership in this project.

6.	**Cervical Cancer screening**
	Helen Horrocks (HH) introduced herself to the group. HH informed that the commissioning responsibility for Routine Cervical Screening and GMS contract through 20 QOF points. PCSE identifies the cohort of women eligible for screening and invites them to make an appointment to attend their GP practice. The programme offers cervical cancer screening to women aged 25-49 every three years and to women aged 50-64 every five years. The total cost over the course of one year for screening in primary care in Thurrock would cost NHS England **£105,699**. For the population of eligible women this equates to just over £2.39 per screen, or for the percentage of women taking up the service £3.10 per screen. The cost per screen for cervical screening services in SRH clinics is estimated at around £70 per screen. HH talked about the rate of access to routine cervical screening in SRH services by IMD score and GP practice during 2013/14 and rate of access to routine cervical screening in SRH services by IMD score and GP practice during 2014/15. HH presented correlation between the uptake rate at the practice and the rate of access to routine screening through the SRH service. It is proposed that Routine Cervical Screening services are decommissioned from ISHS by Thurrock Council on the basis that these services are being commissioned from Primary Care. The proposal for Service Decommissioning and its quality impact assessment has been presented where effectiveness of the cervical screening programme is partially measured by its coverage rates. A minimum coverage of 80% should be achieved nationally to have an effective screening programme. It is proposed that routine Cervical Screening services are decommissioned from the Integrated Sexual Health (ISH) services by Thurrock Council on the basis that these services are being commissioned from Primary Care and locality hubs. **Mitigation Options** In order to mitigate the impact on the uptake locally it is recommended that the following actions could be undertaken: 1. Opportunistic Cervical Screening to remain - continue to provide opportunistic cervical screening through ISH services as part of a sexual health investigation or reproductive health appointment. 2. Improvement in primary care provision of cervical screening – improve the options for accessibility and availability and acceptability of 13. Cervical screening through Primary Care. 3. Use of the health hubs to facilitate better access - Patients can now access Saturday and Sunday morning GP and nurse appointments at their local Health Hub. LG informed that the quality impact assessment starts from 1st of April 2016 but it is for CCG to have those negotiations.
7.	**Peer Mentoring**
	Kelly Redston (KR) introduced herself and Leanne Edgell (LE) the manager of the Peer Mentoring and Support project that commenced in October last year; in collaboration with Thurrock CCG. KR informed that the Peer Mentoring and Support project would be a 3 year project and would be presented to the next Commissioning Reference Group meeting. **Action KR.** LE presented aims and goals of the project to identify people within Thurrock who would appreciate individual support. LE described the project as developing and maintaining relationships, accessing and engaging in work, training and education through available facilities or services in the community. The programme will deliver: • individual support on the short term basis; • early intervention and therefore prevention of crisis point;

	• support from volunteers with lived experience of mental health; • Local Peer Supporter to advice on options and guide through the process; • Questionnaire to keep track of how they feel they are doing with the support of their peer network (every three months). The programme is monitored based on the SOUL record system; an online toolkit that provides a way of measuring progression in soft outcomes. LG asked how to access the project. LE informed that she can be contacted directly on 01375 391411 or ledgell@thurrockmind.org.uk.
8.	**Practice Concerns**
	The following practice concerns were discuss by the group: 1. Access to IC24; 2. Pathway and procedure for DNA referrals – a new helpline available for amendments and cancellation by patients. 3. Concerns regarding medication refer to TCCG Medicine Management before prescribing. A question was asked regarding patients recently contacted by the hospital in order to consider cancellation of their appointment as the waiting time could be up to 13 weeks this was for Gastroenterology. LG was provided with two letters sent to the patients explaining that new referrals would need to be raise by the patients GPs. LG advised to forward copies of the letters with patients' details to the Thurrock CCG practice concerns mailbox. Mr Jean-Michel Wendorff from Dell Medical Centre raised a question regarding laptops for home visits. He informed that he met with Alan Hicks from the IT Commissioning Support Unit and he understood that there is an initiative which would fund these laptops with no costs to Thurrock CCG or GP practices once the CCG agrees. Mandy Ansell (MA) suggested that the question has to be reviewed further by the Thurrock CCG Chief Finance Officer as the CCG is not commissioning Primary Care. Ade Olarinde to update further if IT funds regarding laptops for home visits are available **Action UP.** The group discussed the cancellation of the last CEG meeting follow the Junior Doctors strike. It was noted that not every CCG decided to postpone the meeting, e.g. Havering. LG informed that it was an individual CCG decision and pressure was from NHSE. Thurrock CCG communicated as soon as possible in the emergency situation. Dr V Raja advised that it was a difficult decision but patients' safety and availability was the priority.
9.	**Info: Terms of Reference for review**
	Nicola Meeks presented the Terms of Reference to the group for review and requested all of the comments and concerns to be addressed directly to the Head of the Business Support Team The Group approved the Terms of Reference.
Date of Next Meeting	
8th March 2016 at Orsett Hall	